

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016867 AB

DOCUMENT # M99000001560

1. Entity Name
MDM REAL ESTATE GROUP, LLC

00 MAY -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4550 ATWATER CT
SUITE 201
BUFORD GA 30518

Mailing Address
4550 ATWATER CT
SUITE 201
BUFORD GA 30518-3467



2. Principal Place of Business
SAME

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

City & State
Zip Country

4. FEI Number
58-2337104

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MCNAUGHTON, ROBERT L
2750 STICKNEY POINT RD
SUITE 210
SARASOTA FL 34231

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCNAUGHTON, ROBERT 2750 STICKNEY PT RD #210 SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 0000003274630--7 -06/02/00--01043--007 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KEN 2750 STICKNEY PT RD #210 SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOOLEY, WILLIAM R 2750 STICKNEY PT RD #210 SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Robert L. McNaughton* ROBERT L. MCNAUGHTON 4/25/2000 770-614-7655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

16676 (3/01) F-3